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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

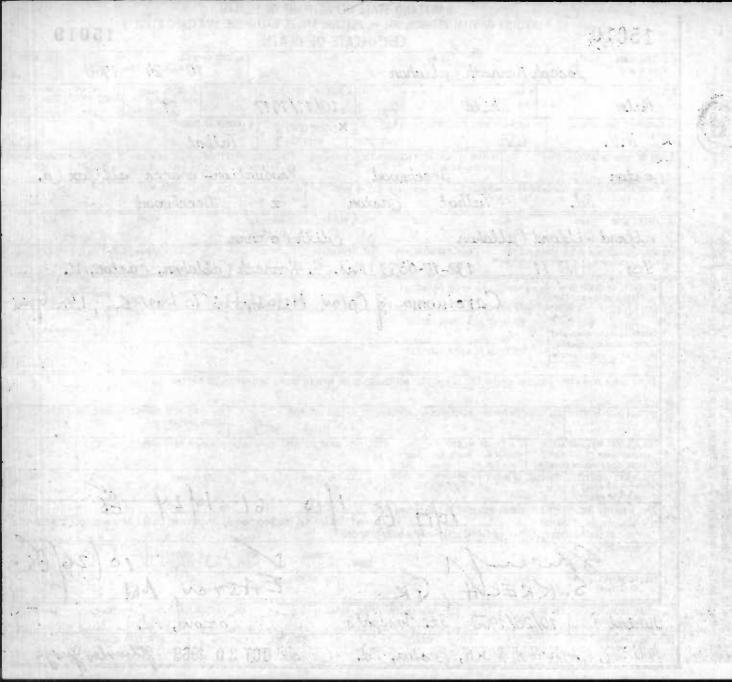
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- 4														
		ECEASED-NAME Type ar print)	First	Kennet	Middle (allaha	n	Last		2a. DAT	E OF DEATH 10 Month 24	L Day 10	768 ^{or}	2b. H	OUR
	3. SE	Male	4.	RACE White			10/	11/1917	7	6. AGE (In year last birthday) HON YRS.	UNDER 1 YEAR ITHS DAYS	IF UNDER 2	24 HRS. MIN.
	7a. E	BIRTHPLACE (State or fareigntry) N.Y.	jn 7b.	CITIZEN OF WHAT	COUNTRY?	8. MARRIED [WIDOWED [RRIED ORCED	1	lbot				Me
)		aston		give stre	of Hospital or Inst et address) Beechu	bood		Produ	ast of war	TION (Kind of work king life, even if ret nanages	r Must	12b. KIND OF E INDUSTRY	Co.	OR
2	admi	USUAL RESIDENCE (Where issian) STATE Md.	deceased liv	ved, if institution: 3b. COUNTY	Residence befare	Easton		YES N	LIMITS? 13	e. STREET AND NUME Beechwoo				
		FATHER'S NAME First Alfred Wil	-			150	Edi	haiden name th McKe			ddle		Last	
		es 90 ar unknown)	S. ARMED F		b. social security n 132 –1 0–68		FORMANT J.	Kenne	eth Co	Addakan,	lress Easta			
		IB. CAUSE OF DEATH (EI PART I. DEATH WAS II Canditions, if any, which rise to immediate caus stating the underlying of last.	CAUSED BY: MMEDIATE CA gave e (a),	AUSE (a)AUSE (b)	TO (a), (b), and (c).) C (N OM C A CONSEQUENCE OF A CONSEQUENCE OF	of Co	low	Mefas	fatio	ToLin	IEK	APPROXIM BETWEEN ON	ATE INTERVA	
X	CERTIFICATION	PART 2. OTHER SIGNIFICA / 5 3 8 19a. DATE OF OPERATION			G TO DEATH BUT NO		20a. AUT	OPSY?	20	GIVEN IN PART 1(a) Db. IF YES, WERE FIND AUSES OF DEATH?	DINGS CONSII	DERED IN CE	RTIFYING	
tables in N. J.	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CAUSI (If either, natify medical 21d. INJURY OCCURRED While Not while at wark at wark	examiner) 21e. PLAC	P.M. E OF INJURY (AT	Month Day Year 19 HOME, FARM, STREET, FACT FICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Str	eet ar R.F.D. No	a.	injury in Part 1 or 1 City or Town	Co	aunty		ate
		22a. I certify that (saw the decear causes stated of 22b. SIGNATURE 22d. PHYSICIAN'S	sed alive abave (t)	(we) (did) (di	d nat) view the b	a room Degree	ATTEND	ING	med.	STAFF PHYS.	the date of		(1) (we ind frai	m the
	23a.	BURIAL, CREMATION,	23b. DATE 10/2	28/1968	235 NAME OF C	EMETERY OR O	REMATORY	E.		CATION (City or Town	16	Caunty)	(State)	
0		FUNERAL DIRECTOR			ADDRESS V, Eastor	- /		2Sa. REC'D	BY REGISTRA		STRAR'S SIGN	NATURE Se	Her	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in Drythe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 feets after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by Page 4 moy be retained by the hospitol or attending physician.

within 24 hours after death

VR A15 (1), 30M REV. 1268



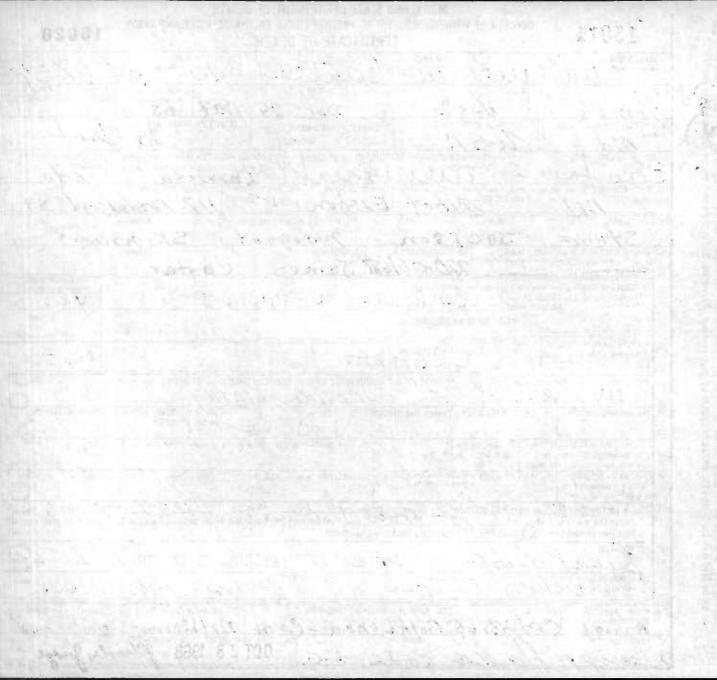
MARYLAND STATE DEPARTMENT OF HEALTH

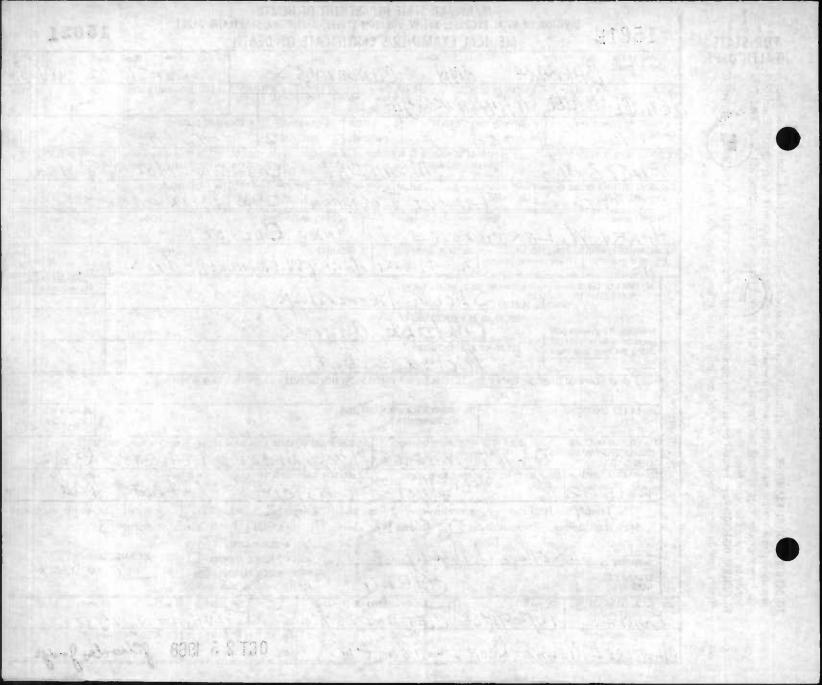
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

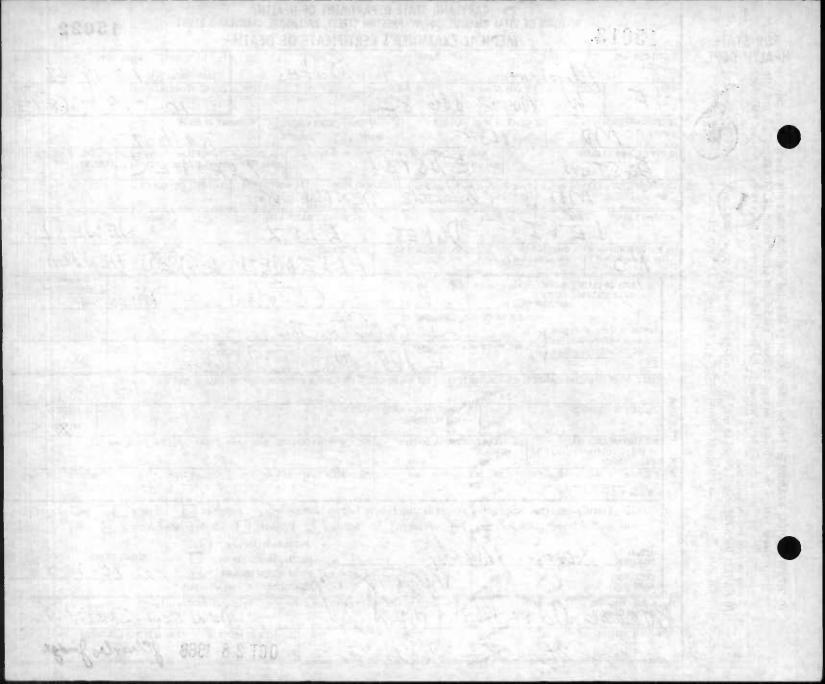
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		CENTIFICATE OF DEATH	
æ.		DECEASED-NAME C. First Middle Lost 20. DATE OF DEATH (Type or print) 7 / Month Doy	Yeor 2 2b. HOUR
de		manue a core 10 27	INDER I YEAR IF UNDER 24 HRS
y event, within 72 feets after death	3. 5	S. DATE OF BIRTH 6. AGE (In years lost birthdoy) 4. RACE Dec 24 /904 6. AGE (In years lost birthdoy) 4. RACE	
2	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		INTRY) MA U.S.A WIDOWED DIVORCED Jack	set "
7 9	10.		2b. KIND OF BUSINESS OR NDUSTRY
10	12	an for allunder tonesthe	Aide
20		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before nission) STATE 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 12c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 12c. CITY OR TOWN	100d 5+
1	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
			PV
		D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	-	Yes, no, or unknown) (If yes give war or doles of service) 220.01.1681 James Carter	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ON THE PROPERTY CAUSE (c) ON THE PROPERTY CAUSE (c)	BETWEEN ONSET AND GEATH
		Immediate CAUSE (6)	YRS
		DUE TO, OR AS A CONSEQUENCE OF	
		rise to immediate couse (a), (b), (b), (c) ACA CONFOUNT OF	
		stoting the underlying couse DUE 10, OR ASIA CONSEQUENCE OF 1	Mos.
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	NO	PLY VERL TENSIVE ENCOPHANOLATAY	
2	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?	DERED IN CERTIFYING
			18.)
	MEDICAL	(If either, notify medical examiner) P.M. 19	
	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Company of Work of Work of Work	ounty Stote
	1	220. I certify that (1) (this haspital) attended the deceased from 10-17, 1966, to 10-27, 1966	, thot (I) (we) lo
	18	sow the deceased olive an	and hour ond from t
		225. DATE	SIGNED
		Sechend of Sylve M.D., DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DIPONENTS. DIPONENTS.	-25-68
1		22d. HYSICIAN'S RICHARD F. TYSON 22e. ADDRESS EASTON Med.	2/601
	230		County) (Stote)
X		REMOVAL (Specify) Cx 28, 68 Beth Lehem - Com Beth Lehom 5	a mld
Co	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	MATURE





VR A15ME (5)



FOR STATE HEALTH DEPT. of

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PM3. Poge any deloy is 2, and 3 to O DEPUTY DICAL EXAMINER: 1111s certificate should be executed in Item 18. Give Agges 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files. DICAL EXAMINER: This certificate should be executed within 24 hours after death Health prior to buriol, cremotion, or removal, and in ony event within 72 hours ofter death. TO DEPUTY

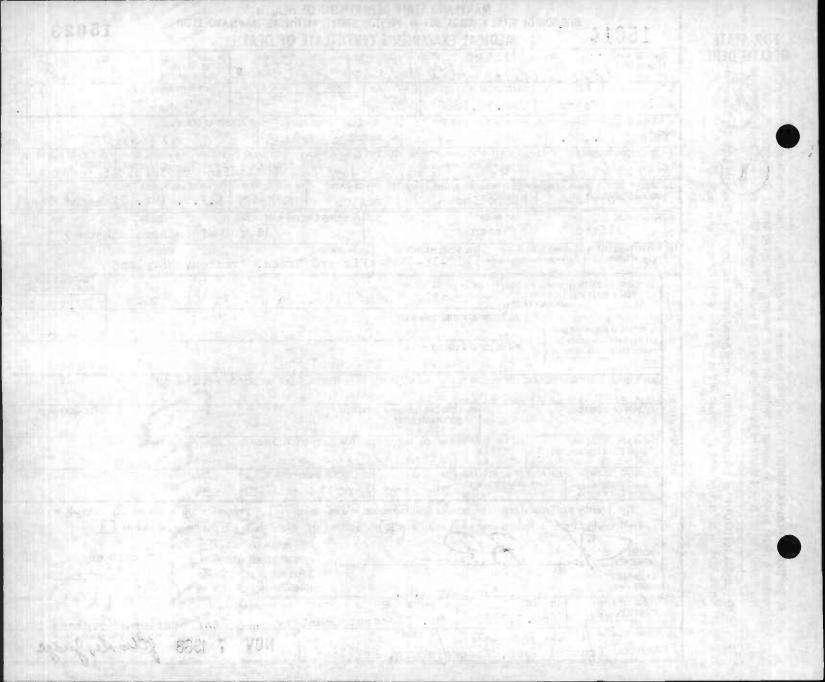
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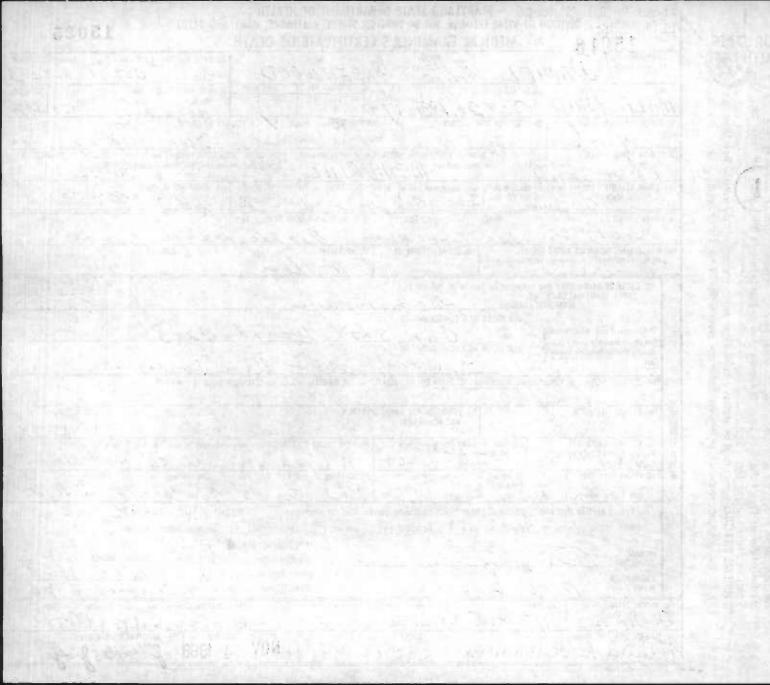
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EYAMINED'S CEDTIEICATE OF DEATH

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		Ype or Print)	Sell	WILLIAM	Midd	1 1 mayor	ORD	ost, GR	REEN	20. DATE KNO OF EST DEATH MAT	II	of 3	Yeor / 19GF	2b. HOUR
	3. SE	X	4. RACE	S. DATE OF BIRT	TH	6. AGE (In years lost birthday)	IF UNDER 1		UNDER 24 HRS.	EL DAIL INON)		2d HOUR
	Ma	ale	Negro	Jan.19	,1888	80 YR		DAYS HO	OURS MIN	Month	berDoy	31 Y	eor 1968	P.M
		BIRTHPLACE (Stote		b. CITIZEN OF WHA	AT COUNTRY?	8. M	ARRIED NE	ER MARRIED	9.0	OUNTY OF DEATH		12	1	
	count	Mbot Co	.,Md.	USA		WII	DOWED 🔀	DIVORCED			5-66	507		Md.
8	10. CI	ITY OR TOWN OF	DEATH		ME OF HOSPITA	OR INSTITUTION	ON (If not in h	ppitol 1	120. USUAL during most CUS CO	OCCUPATION (Kind	of work do	ne 12b. K	IND OF BUSI TRY te Bar	NESS OR
15	130.	USUAL RESIDENC	E (Where deceose	ed liyed, if institut	ion: Residence	before 13c. CIT	Y OR TOWN		DE CITY LIMITS?	13e. STREET AN	D NUMBER			
	od	Imission) AM	yland	Dap COLLEGE	ine	Pre	eston	YES	☐ NO 🛛	R.F.D.	(Mt.	Plea	sant P	load)
人	14. F/	ATHER'S NAME	First	Middle		Lost	IS. MOTHER	'S MAIDEN N			Middle		Lost	
	3	Alf	red	Greei	n				Alice	(maiden	name	unkn	own)	
	160. V	WAS DECEASED EVE	R IN U.S. ARMED F	ORCES? var or dates of service}	16b. SOCIAL SEC		17. INFORMAN				ADDRESS			
6	(11	es no, or unknow	(ii yes give v	var or nates of service)	218-16	-6399	Richar	d Gre	en, P	reston,	Maryla	and		0.015
		18. CAUSE OF PART I. DE	EATH WAS CAUSED	y one couse per lin BY: TE CAUSE (o)			umont	orng	, đue	to fra	ctur	s -	APPROXIMATE BETWEEN ONSET	
		8/2.0		. ,	AS A CONSEQUE	NCE OF						- 1		
			ote couse (o),	(b) 01	f the b	ondy o	f the	ster	าทนต	Market Inc.		2	hour	8
		stoting the und			AS A CONSEQUE				ET.		Time	177 P		
		last. 8/6	1							his a		end	head	2 r
						UT NOT RELATED	TO THE TERM	INAL DISEASI	E OR CONDIT	TION GIVEN IN PAR	T 1(o)			
Ц	No			ılm'nar									_10_10_0	
Y	CATI	190. DATE OF OF	PERATION		19b. CONDITION WAS PERF		PERATION						20. AUTOPSY	
4	CERTIFICATION	Ol- EVIEDNAL C	ALICE MAC	lou Ting of	ATTURN AN IL IN	у 1							YES 🗌	NO 🗌
		210. EXTERNAL C	CONTRIBUTING		NJURY Month, D					oture of injury in P				30
5	MEDICAL	CAUSE OF DEATH	1	4 P.N		119/58				front				ruck
1	2	21d. INJURY OCC		LACE OF INJURY (A	otc)		21 f. LOCATION			City or To	wn	Cou	nty	State
5		AT WORK AT					Carol.						344	4-6-1
٥,				ok chorge af th					_	Inspection 🔀,		Common of the Co	ond in my	opinion
		death res	sulted from:	Natural cause	es A	ccident 🔼 ,	Suicide [, Hai	micide [], Undeterm	ined mann	ner 🗌		
H		ACTUAL	1	121	1)			CHIEF ME	DICAL EXAM	IINER 🗌				
		SIGNATURE	1 am		Farm	-	M.D	ASSISTANT	T MEDICAL E	EXAMINER	22b. D	ATE SIGNE	100	
)	8	EXAMINER'S	24 - 27							MINER 🔀	35,37	/ /	/63	
		NAME (Type)		3 3. 10						town, or county)				ne _
	230.	BURIAL, CREMATI REMOVAL (Specif								3d. LOCATION (City		(Count	.,	ate)
	24			v. 3,1968		Pleas	ant Ce			Near P	reston	Mar	yland	
		FUNERAL DIRECTO	1 prome	Thomps		ADDRESS			NOV P	REGISTRAR 1968	Sb. REGISTRA	R'S SIGNAT	O Cond	48.
	r.T.	amprom	runeral	Home, Fe	ederals	burg, M	larylan	d DATE		. 1000	1		1 0	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

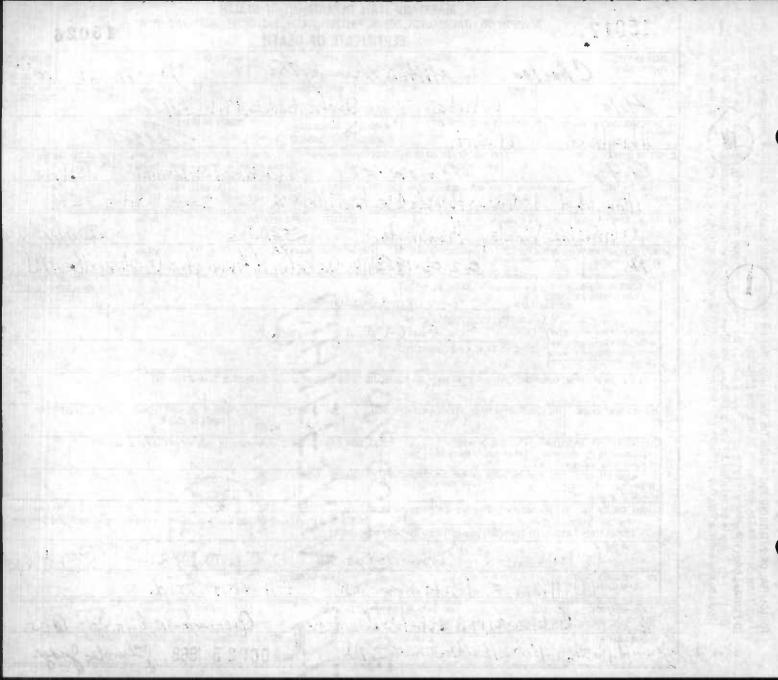
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- 1		CERTIFIC	AIL OF DEATH		
		ECEASED-NAME (Type or print) Charles Middle Milton Ha	vington	a. DATE OF DEATH Manth Day	Year 100
	3. SE	Hale A. RACE White	S. DATE OF BIRTH SEPTEMBER 3.	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 H MONTHS CIAYS HOURS M
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED	MEACK MINKKIED	COUNTY OF DEATH	+
8	10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If no give street address) Las few give street address)	during most of	CCUPATION (Kind of work dane of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
7	admi:	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR issian) WATE AND 13b COUNTY OF TWO ES LEVY 2	TOWN 13d. INSIDE CITY LIMITS?		er st
5		Charles Wesley HARRINGTON	MOTHER'S MAIDEN NAME First		Dulin
		WAS DECEASED EVER IN U.S. ARMED FORCES? (16s, no runknown) (If yes give wor or dates of service) 2/2-03-19/3	S. CECELIA HIH	ARRIGION CENTE	ZEVILLE, Md
Section 1988		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c)	of Tousil		BETWEEN ONSET AND GEATH
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	
1	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH CITY OF THE CAUSE OF		ture af injury in Part 1 ar Part 2, It City ar Town	caunty State
		While Not while 1 22a. I certify that (I) (this haspital) ottended the deceased fram saw the deceased alive an 19, and couses stated above, (I) (we) (did) (did not) view the body after on 19.	that in (my) (our) opinio	_, ta, 19_ n death occurred an the dat	te and haur ond from
1		226. SIGNATURE DIODOM & Falmer Megar	EE ATTENDING MED. DIRECTOR OF THE PHYS.	TOR PHYS.	DATE SIGNED 1'6
	. 23a.	BURIAL EREMATION, PEMOYAL (Specify)	CREMATORY	3d. LOCATION (Gry ar Tawn)	(County) (State)
12	24)	FUNERAL DIRECTOR	250. REC'D BY R	EGISTRAR 2Sb. REGISTRAR'S	SIGNATURE Sudge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the otteholing physician ond completely filled in director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon papershould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, withhat 72. Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 30M REV. 1 (48)

Pages 1 and 2 urs ofter deoth.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers regges in an 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 habits after death.

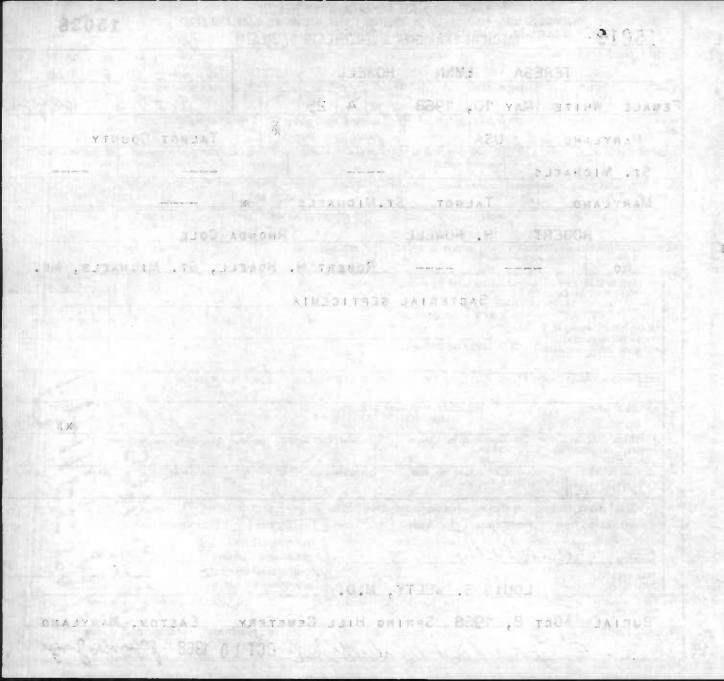
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certiffate be

Poge 4 moy be retained by the hospital or attending physicion.

VR A15 (1) 30M REV. 1 68

executed within 24 hours ofter deoth.

	TOOTO			CEN	CHIFICA	IE OF D	EATH				
	CEASED-NAME	First	Mi	ddle		Last		2a. DATE OF			2b. HOUR
(ype or print)	HR4h,	UR ((-11	app;	SON	Oryo	Month ZO	1968	310 N
3. SI	X	4. RACE			5.	DATE OF BIRTH			6. AGE (In years		IF UNDER 24 HRS.
1	MALE	1	NAITE		5	EPT	8,18	878	last birthday) YRS.	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (State or foreig	n 7b. CITIZEN	OF WHAT COUNTRY	Y? 8. 1	MARRIED [NEVER MARRIE	9	COUNTY OF	DEATH		
com	PARYLAND	US	SA		IDOWED X	DIVORCE		T	Ah boX		Md
10. (ITY OR TOWN OF DEATH,		11. NAME OF HOSE		TION (If not in	n haspital			(Kind of work done	12b. KIND OF B	USINESS OR
	E9540	N	give street oddres	Men	MORI	ahe	during mos		ife, even if retired.)	INDUSTRY	-
	USUAL RESIDENCE (Where			ice before 13c	. CITY OR TO		INSIDE CITY LIM	ITS? 13e. STR	REET AND NUMBER		
Z	ARYLAND	13b_COI	ALBEI	.57	TMICH	WELS Y	NO NO		-		
14.	ATHER'S NAME First	Mi	ddle	Lost	15. M	OTHER'S MAIDE	N NAME Fir	rst	Middle		Lost
1	DAMUEL		ARRIS		14	RIE	VIRG	INID	(OOPER		100
160	was deceased ever in u es, no, or unknown) { (if)	.S. ARMED FORCES? yes give war or dates of ser	rvice)	L SECURITY NO.	17. INFO	RMANT	0.	-	Address	-00	
	No		2145	32-//	91 M	55 7. (LIFT	ON JO	NES STI	MICHAEL	5, 170
	1B. CAUSE OF DEATH (Er		per line for las (b), and (c).)	. /	/			1		ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS	MMEDIATE CAUSE (a	1/1/	M	ell	M	un	non	ul .	Lu	12.
	185 X		O, OR AS A CONSEC	DUENCE OF		/				7	
	Canditians, if any, which rise to immediate caus	0/0)/	b) //2	own	M			//	7	rm	04.
	stating the underlying o		D, OR AS A CONSEC	DUENCE OF	in	2011	110	10/1	1,001	4711	
	last.) (() (Mr	cou	wro	MO	1100	re por	man	1	1.
	PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DE	ATH BUT NOT R	ELATED TO TH	IE TERMINAL DI	SEASE OR CO	ONDITION GIVEN	I IN PART 1(a)		
NO	/ / / X	Tial compirions	OR WHILE OPEN AT	ON WHE DEDEON		an Hiranes		001 15	WEE WEDE EMPINOS	ONCIDED IN CED	TIEVINO
CERTIFICATION	19o. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATI	ON WAS PERFOR	KWED	20a. AUTOPSY			YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CER	IIFYING
ERTI	21a. ACCIDENT WAS UND	EDIVING TOTAL	TIME OF INJURY		los now	YES	NO 🗌		D 1 D 1 0	14 10.1	
	OR CONTRIBUTING CAUSE			Doy Yeor	21c. HOW	INJURT OCCUR	KED (Enter	nature of injur	y in Port 1 or Port 2,	ITem 18.)	
MEDICAL	(If either, notify medical 21d, INJURY OCCURRED		P.M.	19	1 016 10617	1011 6	D.E.D. M	611			C
1	While Not while	218. PLACE OF IN	JURY (AT HOME, FAR	ING, ETC.) 211. LOCA	IIUN Street of	r K.F.D. Na.	City	or Town	County	State
	at wark at work	(I) /ahia haasiaa	I)	/1	1	1/1/1/	10/2	7. to 2	2000 10	128 1600	(1) ()
	220. I certify that (sed alive an	Turieuced de	deceosed 19	and t	net in (mv)	our) opin		iccurred on the do	te and hour o	(I) (we) last nd from the
	couses stoted	bove, (1) (we)	(did) (did plot)	vew the bod	y after dec	oth.					
	22b. SIGNATURE	/	1/1/	UX	fo	ATTENDING	ME ME	D _	STAFF 22c.	DATE SIGNED	1
	1. VICE	MIL	1/121	MI,	DEGREE	PHYS.	DIF	RECTOR L	PHYS.	-21-6	8
	22d. PHYSICIAN'S NAME (Type)	7	-11	7 1	W D	22e. ADDRES			()	10/01/60	1230
-	T.	Lane Wr			M.D.		Micha			10/21/68	
230.	BURIAL, CREMATION, REMOVAE (Specify)	23b. DATE	1115	NAME OF CEM		18			N (City ar Town)	(County)	(State)
24	UNERAL DIRECTOR	QCT 23	17682	ADDRESS	cap	EMEL	o. REC'O BY	DEGISTRAP	LINCED, T	SIGNATURE	11/20
5	UNERAL DIRECTOR	for	1 NA	nichail	a M	1 2	ATE OCT	24 19		mes las	402



in by the funeral

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	DECEASED-NAME	First	Middle	last	2a. DATE OF OEATH	26. H
,	(Type or print)	le lyu	F Ja	rtol	10 Month	19 63 10
3. 5	SEX	. RACE	0	S. DATE OF BIRTH	6. AGE (In ye last birthdo	eors IF UNDER I YEAR IF UNDER S
	Female	Whis	te	/2/22/191	3 55	YRS. MUNITIS DATS HOURS
	. BIRTHPLACE (Stote or foreig	n 7b. CITIZEN OF WHA	T COUNTRY? 8. MAI	RRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Maryland,	USA		OWED DIVORGED	1allo	7
10.	CITY OR TOWN OF DEATH	11. NAN give st	NE OF HOSPITAL OR INSTITUTION (Control of the control of the contr	N (If nat in haspital 12a. U during	SUAL OCCUPATION (Kind of world nast of world nast of working life, even if re	k done 12b. KIND OF BUSINESS INDUSTRY
130	a. USUAL RESIDENCE (Where	deceased lived if institution	n: Residence before 13c (ITY OR TOWN 13d, INSIDE CF		4
o adm	missian) STMarylar	nd 13b. COUNTY To		erwood YES 🔀	NO 🗌	TOEK
14.	. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAM		hiddle Last
	Charles S.	inclair	A COMPLETE OF	Angie E	Frampton	
160	Yes, Poor unknown) (If y	.S. ARMED FORCES? yes give war ar dates of service)	6b. SOCIAL SECURITY NO.	17. INFORMANT		ddress A 100
-				Wilson III. J	arboe, Sherwoo	APPROXIMATE INTERV
	18. CAUSE OF DEATH (En	nter anly one couse per line	for (a) (b), and (c).)	1.1	1)	BETWEEN ONSET AND D
		MMEDIATE CAUSE (a)	Sub-	nchword.	Kemerkag	(
	4100		A CONSEQUENCE OF .	A . O	0	0 0
	Conditions, if ony, which rise to immediate cause		2 Ver Der	Sensiel a	1 dervoscu	In Weess
	stating the underlying o		A CONSEQUENCE OF			
	last.) (c)	0			
	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1(a)	
NO	190. DATE OF OPERATION	TION CONDITION FOR WALLS	H OPERATION WAS PERFORME	D 20- AUTODOV2	TOOL IT VES WEDE TH	NDINGS CONSIDERED IN CERTIFYING
CERTIFICATION	5 190. DATE OF OPERATION	TYB. CONDITION FOR WHIC	H UPERATION WAS PERFORME	D 20a. AUTOPSY? YES \ NO	CALISES OF DEATHS	NUINGS CONSIDERED IN CERTIFFING
イ 藍	210. ACCIDENT WAS UND	DERLYING 21b. TIME OF I	NILIDY		nter nature of injury in Port 1 or	Part 2 Itam 19)
		OF DEATH HOUR A.M.	Month Day Year	zit. How mont occounts to	their fluttore of injury in Fort For	1 all 2, nem 10.j
MEDICAL	(If either, notify medical 21d. INJURY OCCURRED		T HOME, FARM, STREET, FACTORY, \	21f. LOCATION Street or R.F.D.	No. City or Town	Caunty S
	While Nat while	The react of mooning (OFFICE BUILDING, ETC.	Zii. Location Silon of Kilib.	tto.	caomy
	di work di work	1) (this basnital) atter	nded the deceased fra	m 10), to	, 19, that (I) (w
	saw the deceas	sed alive an	19	and that in (my) (aur)	apinian death accurred an	the date and haur and fro
	causes stated o	abave, (I) (we) (did) (c	lid nat) view the bady o	after death.		EMER DESIGNATE
	22b. SIGNATURE	1 . 0 .	for me	ATTENDING -	MED. STAFF	22c. DATE SIGNED
-		O Venie CA	Latingin	DEGREE PHYS.	DIRECTOR PHYS.	1 13 Oct 6
	WU			22e, ADDRESS		
	22d. PHYSICIAN'S NAME (Type)			ELV. MODILES		
	NAME (Type)			SCS TOFTING		
230	NAME (Type)	23b. DATE 17/1968	23c. NAME OF CEMETE	SCS TOFTING	23d. LOCATION (City or Tov	
		23b. DATE 10/17/1968	23c. NAME OF CEMETE Shenwood	RY OR CREMATORY	Sherwood. 1	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1502.	L.			ERTIFICA	TE OF	DEATH			150	30
1. DECEASED-NAME First (Type or print)				14				2a. DATE (Day Year	2b. HOUR
	, p,	MIN		E.				OCT	ober 19		1120, M
3. SEX	MALE		4. RACE	HITE	S.	DATE OF	31RTH 10-187	5	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAY	
7a. BIR cauntry	THPLACE (State Caroli	ar fareign	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED		RRIED S	COUNTY C			Md
10. CITY	OR TOWN OF		11. N	AME OF HOSPITAL OR INS		in haspital NES		L OCCUPATIO	N (Kind af wark da		OF BUSINESS OR
13a. US admissi	GUAL RESIDENCE an) STATE IV	(Where deceas	ed lived, if institution 13b. COUNTY	ian: Residence before Monmouth	Sea C	Girt	13d. INSIDE CITY LIN	13e.	STREET AND NUMBER 1301 Sea C	dirt St.	
14. FA1	HER'S NAME	First	Middle	Last	15. /	MOTHER'S A	AAIDEN NAME Fi	rst	Middle)	Last
F	rancis	S. Tod	id			Eli	zabeth S	Steven	15		
16a W	AS DECEASED E	FR IN IIS ARA	AFD FORCES?	16b. SOCIAL SECURITY N	10. 17. INF	ORMANT			Address	s	
Yes	, na, ar unknawr	(If yes give w	rar or dates of service)	213-03-81	ing Mis	ss El	izabeth	Kelle	y, Sea Gi	rt. N.	I .
-						20 101	L Dore O Oti	440	4 5 000 02	APPRO	DXIMATE INTERVAL
110	B. CAUSE OF D	TH WAS CALISE	n RY.	ne far (a), (b), and (c).							ONSET AND DEATH
	1101	IMMEDIA	ATE CAUSE (a)	Pnew	monia	·				2	days
	486 X DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any, which gave (b)										
	lise to initillediate cause (a),										
	last. (c)										
-		ICHIEICANT COL	17	JTING TO DEATH BUT NO	OT DELATED TO 1	THE TEDMIN	AL DISEASE OPCO	ONDITION GIV	VEN IN DART 1/a		
		-	vaclinas		JI KELAIED IO I	ITIE TERMIN	AL DISEASE ONCE	JADITION OF	VER IN PART I(U)		
NO.	a. DATE OF OPE		-	IICH OPERATION WAS PE	DEODMED	20a. AU1	ODCVO	201	IF YES, WERE FINDING	CC CONCIDEDED IN	CERTIEVING
RTIFICAT	O. DATE OF OPE	KAIIUN 190.	CONDITION FOR WI	IICH OPERATION WAS PE	KFUKMED	YES [SES OF DEATH?	GS CONSIDERED IN	CERTIFIENG
4	Ia. ACCIDENT V → OR CONTRIBUTING f either, natify	CAUSE OF DEAT	HOUR A.M. P.M.	Manth Day Year				nature af in	ijury in Part 1 ar Part	t 2, Item 18.)	
\ at	Not w While Not w wark at w	ark		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					ty ar Tawn	Caunty	State
2	22a. I certify that (I) (this haspital) attended the deceased from August , 19 60, ta October , 19 60, that (I) (we) last saw the deceased alive an October 2 19 60, and that in (my) (our) apinion death accurred an the date and have and from the causes stated above, (I) (we) (did) (did not) view the bady after death.										
	2b. SIGNATURE	tephen	O Ca	my	DEGREE	I III a.	DI ear	ED. RECTOR	STAFF PHYS.	22c. DATE SIGNED	
2	2d. PHÝSICIAN'S NAME (Type	Steph	en P. Ca	rhey, M.D.		22e. AD	P.O.	Box 9	29, Easto	on, Md. 2	21601
	URIAL, CREMATI		DATE	23c. NAME OF	CEMETERY OR CI	REMATORY		23d. LOCA	TION (City or Town)	(Caunty)	(State)
b	EMOVAL (Specif	10	0/22/68	Hill Cr	est Cer	neter	V	Fede	ralsherg,	Carolin	ne. Md
	INCOME DIRECTO		1 1 1	ADDRESS				DECISTRAD	2Ch DECICTO	AD'C CICHATIIDE	,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coppletely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hou

the funeral ogeneral

after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth.

Page 4 may be retained by the hospital or attending physicion.

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content within 24 hours after death ompletely tille content of the carbon papers, logges 1 and 2 sevent, within 72 hours after death	3. SE	SEX 4. RAPE 4. RAPE 4. RAPE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR I YE	UNDER 24 HRS.
4 hours		BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED D	N
within 28	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital defining pass of working life, even if etired) 12b. KIND OF BUSH INDUSTRY M	INESS OR, ARII
be executed within and exemple tely fill and exemple tely fill in any event, within	13a. odm	T. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 1132 CHTV OR TOWN 134. INSIDE CITY LIMITS? NO 136. STREET AND NUMBER 136. STREET AND	
oe execut n dind com	2	AMUEL J. LECOMPJE MARY THOMAS	Last
physician of the please oval, and in		a. WAS DÉCEASED EVER IN U.S. ARMED FORCES? Yes Abord runknown (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 18. LEE LE COMPTE, IRAPPEN	10
ne death cel attending p permit. The ian, ar remo		18. CAUSE OF DEATH (Enter only one cause pag line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LINE OF DEATH (Enter only one cause pag line for (o), (b), and (c).)	AND DEATH
t the death the attendi sit permit. natian, ar re		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave inse to immediate cause (a), (b)	
quires that the physician. signed by the burial-transit pourial, cremati		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
r requii ng phy en sign ie buri ta buri	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
The law requires that the death certificate attending physician. And bas been signed by the attending physician ise as the burial-transit permit. Then pleas the purial crematian, ar removal, and	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIF	FYING
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Healt	MEDICAL CEI	or contributing Cause of Death HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	
G PHYSICIA the haspital this certific detached fa	ME	While Not while at wark at wark	State
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please remainshauld be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any		22a. I certify that (I) (this haspital) attended the deceased fram	(we) la d fram th
L OR AT be reta DIRECTO ge 3 sho		22b SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. 22c. DATE SIGNED 22c. DATE SIGNED	
O HOSPITAL Page 4 may O FUNERAL directar, pag shauld be fi	-	NAME (Type)	(Ca-A-)
TO HO: Page TO FUN direct	L	BOUNTSPEAL 10/8/1968 PRING HILL EASTON, PID.	(State)
VR A15 30M REV.	3	Maurice & Newman & Son Easton MOCT 8 1968 goliantes Judge	L.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE KNOWN -(Type or Print) to Page DEATH MATED 3. SEX S. DATE OF BIRTH IF LINDER 24 HRS. 2c. DATE PRONOUNCED DEAD PM3 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Talbot WIDOWED [DIVORCED [land 2 with the State in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane hours after death institution: Residence before 13c CITY OR TOWN death. 13a. USUAL RESIDENCE AWhere deceased lived it 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE BNTON YES INO after 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME Middle hours pages pencil 160. WAS DECEASED EVER IN 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** This certificate shauld be executed within (Yes, no, grupknown) (If yes give war or dates of service) File .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Arte doslocrotic OS Cardiovascular Disea e ve be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate. 21b. TIME OF INJURY Manth, Day, Yeor 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 should MEDICAL HOUR A.M. PRIMARY K OR CONTRIBUTING DICAL EXAMINER: crematian, Drum nearly full CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) NOT WHILE 6t bStreet Den on 209 home South burial, for 22a. I certify that I taak charge of the remains described abave, held an Autapsy Inspection X the funeral directar. death resulted tram: Natural causes Accident 1 Suicide Hamicide prior to CHIEF MEDICAL EXAMINER ACTUA ASSISTANT MEDICAL EXAMINER SIGNATO necessary, DEPUTY MEDICAL EXAMINER may Health ADDRESS(Street, city, town, or cound)aroline NAME (Type) B. Flummer harold 0 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) REC'D BY REGISTRAR

VR A15ME [5]

Month Day Year 2b. HOUR 3 2d. HOUR Year 12b. KIND OF BUSINESS OR BETWEEN ONSET AND DEATH 20. AUTOPSY? YES T NO F ches County State 1-aryland Inquiry 🔀 and in my apinian Undetermined manner 22b. DATE SIGNED 19.68 (County) 2Sb. REGISTRAR'S SIGNATURE Mlan 1968

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificote be exd Poge 4 may be retained by the hospitol or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15024			CI	RTIFIC	ATE OF D	EATH				TOU	3
	ECEASED-NAME Type or print)	First BERTI	TA	Middle	MCC	Lost REARY	20.	DATE OF D	EATH Month 7	Doy	68Yeor	2b. HOUR 2 P · A
3. SI	FEI A LE		4. RACE	HITE		S. DATE OF BIRT			6. AGE (In years last birthday)	-	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
7a. coul	BIRTHPLACE (State or f		CITIZEN OF WHAT O	COUNTRY?	MARRIED [NEVER MARRIE		UNTY OF D	LBOT			Mc
	EAST ON		give street	L.N. 1 11	TUTION (1f na		during most of the court of the				12b, KIND OF INDUSTRY	BUSINESS OR
	usual residence (whiseign) SIATE		ived, if institution:		3c. CITY OR Green		ES NO NO		et and number	R		
	Willi		Middle Hammel	Last			M. Wer	yant	Midd	le		Lost
160	WAS DECEASED EVER Yes, no Octunknown) 18. CAUSE OF DEATI	'(If yes give war ar	dates of service) 2	. SOCIAL SECURITY NO 19-07-1		ary L	Monro	ne Gr	Addre reensb		Man Man	cyland Mate interval
N	Canditions, if any, we rise to immediate a stating the underlyilast. PART 2. OTHER SIGNI	hich gave ause (a), (DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF			DISEASE OR CONDITI	ION GIVEN	IN PART 1(0)	大	Un	certain
CERTIFICATION	19a. DATE OF OPERATION	DITION FOR WHICH C	PERATION WAS PERF	YES NO CAUSES OF DEATH?				IGS COI	NSIDERED IN C	ERTIFYING		
MEDICAL CEI												
	While of work											
	BURIAL, (REMATION, REMOVAL (Specify).	23b. DATE		23c. NAME OF CE Green		0	Gr	eens	(City or Town)	Ma	(County) rylar	(State)
24.	FLINERAL DIRECTOR			ADDRESS		2	o REC'D BY REGI	ISTRAR	25h REGIST	2 2'949	IGNATURE	

DATEOCT 14

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicin and completely filled in by the carried director, page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ecuted within 24 hours of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

Poge 4 may be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

	DECEASED-NAME First (Type or print) Mildre	ed.	Middle	1:00	lost		20. DATE OF DEATH	th 7 Doy	6 Syeor	26. HOUR.
3. 5	SEX	4. RACE			5. DATE OF BIR		6. AGE	(In years	IF UNDER 1 YEAR	
_	Fr,	W				24-99	169/9	YRS.		
7a.	SIRTHPLACE (State or foreign untry) ilm. Del.	76. CITIZEN OF WHAT CO	DUNTRY?		NEVER MARK	TIED _	COUNTY OF DEATH	hat		
10	CITY OR TOWN OF DEATH		F HOSPITAL OR INST	WIDOWED [CED []	OCCUPATION (Kind of	bot work done	10h MIND (Md DF 8USINESS OR
	Easton	give street	e In T	he Pi	nes	during most	stworking life, ever	n if retired.)	INDUSTRY	
13o odr	o. USUAL RESIDENCE (Where deceose mission) STATE ML.	lived, if institution: R 13b. COUNTY Que	esidence before en Anne	13c. CITY OR I	1	3d. INSIDE CITY LIMITS YES NO		number r Beach	Farm	Rd.
14.	FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MA	DEN NAME First		Middle		lost
	J.	Frank	Hall			garet	Du	gan		
160	o. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give wa	(andatas af sancia)	SOCIAL SECURITY N		FORMANT	. ,	,	Address		
_	no non	e 21	7 -18- 697	4	ram	ily reo	ords		1 Anne	OXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	DV.	1	1						N ONSET AND DEATH
	IMMEDIAT	E CAUSE (a) Pos	20dol	لهوا	100	long			71	
	Conditions, if any, which gave)	DUE TO, OR AS A C			1				un	certag
	rise to immediate cause (a),	(b)	rter	saci	Lero.	عدم				-uc
	stating the underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF							
	PART 2. OTHER SIGNIFICANT CONU	(c)	TO DEATH RUT NO	T PELATED TO	THE TERMINAL	DISEASE OP CON	DITION GIVEN IN PAP	(1/0)	-	
_	14500	TOTAL CONTRIBUTION	TO DEMINI DOT NO	I KEDATED TO	THE TERMINAL	DISEASE OR COIL	DITION OF THE ITAK	1(0)		
CERTIFICATION	190. DATE OF OPERATION 196. C						20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CERT		HOUR A.M. Mo	RY nth Doy Year	21c. HO	W INJURY OCCI	_	ature of injury in Port	1 or Port 2, It	tem 18.)	
ME	21d. INJURY OCCURRED While Nat while at wark of work	LACE OF INJURY (AT HO	ME, FARM, STREET, FACT BUILDING, ETC.	ORY.) 21f. LOC	ATION Street	ar R.F.D. Na.	City or Town		County	State
	22a. I certify that (I) (this saw the deceased oli causes stated abave,	ve an 10-	719	68, ond	that in (my	19 6 8 (our) opinio	on deoth occurred	7, 19 <u>/</u> on the dat	te and hou	at (I) (we) last er and from the
	22b. SIGNATURE Robert W	. Treve	~	DEGRE	ATTENDING PHYS.	G MED.	CTOR STAFF		ATE SIGNED	80
	22d. PHYSICIAN'S NAME (Type) Roberi	- W. Tre	ver		22e. ADDR	Easto	n. Mary	rland		
		10/68	23c. NAME OF C		rial F	ark	Parkvill	e	(County)	(State)
24	FUNERAL DIRECTOR	1	ADDRESS	01.		2Sa. REC'D BY R	REGISTRAR 25b.	REGISTRAR'S		
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IO HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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death. Page 1 be retained by the hospital or attending physician.	> IO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completed in by the particle of the	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon palets. Tages 1 and 2 th	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
/R	Al	S	(4)
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MARY AND STATE DEPARTMENT OF MEALTH

MARILA	ND SIAIE DEPAK	IMENI OF REA	
DIVISION OF STATISTICAL RESEARCH	AND RECORDS, 301	W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF	DEATH	A POOL

15026 Item 2 Film GLO6 10	15035
1. PERCE OF BEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
e. COUNTY	a. STATE b. COUNTY
	YLAND Md. Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	AY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
<u>Easton</u> unk	Easton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Home for Aged Women	S. Hanson Street YES NO A
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Mazie Ireland Newton	DEATH 10/18/68 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	IED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
E E	O / 1 7 / 1 O O C Min.
done during most of working life, even if retired)	#25° A
Pretical Nurse	Bristol, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Amos M. Ireland	Alice Ann Dalrymple
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY I	NO. 17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewer or detes of service)	7 meaning at the hour
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and	
	ONSET AND DEATH
IMMEDIATE CAUSE (a) [LOLTIPLE	CEREBRAL I HRUMBOSES 2 VEARS
4339 DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause	
(e), stating the underlying DUE TO	
cause last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
[8] 5 3 2 ×	YES NO
200. ACCIDENT WAS UNDERLYING THE 206. DESCRIBE HOW INJURY	OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III FIFTHER, NOTIFY MEDICAL EXAMINER)	
	20e, PLACE OF INJURY (Home, farm, ' 20f, (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While Not While at work at work	20e. PLACE OF INJURY (Home, farm, '20f. (City or town) (County) (State) fectory, street, office bldg., etc.)
p.m. 19 at work at work	
21 certify that (I) (this hospital) attended the decease	ed from 1967, 19 to October 1814, 1968, that (I) (we) las
the deceased alive of October 18th 10 68	and that death occured at 30 M, from the causes and on the date stated above
	22b. DATE
220. SIGNATURE C. R.W. Rain N.D.	M.D. ATTENDING MED. STAFF SIGNER
22c. PHYSICIAN'S NAME (Type) C. R.W. BAIN	210 DOVER, EASTEN, MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stella)
REMOVAL (Specify)	
burial 10/21/68 Mt. Zion	n, Cemetery Mt. Zion, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAK 256. REGISTRAK'S SIGNATURE
The Jay D. Heverin Funeral Home, E.	aston, Md. DATE OCT 21 1968 Scharles Judges

The Contract of the Contract o ATT WITH AN IE WILL WINE WILL STANK THE Committee of the control of the cont 5027

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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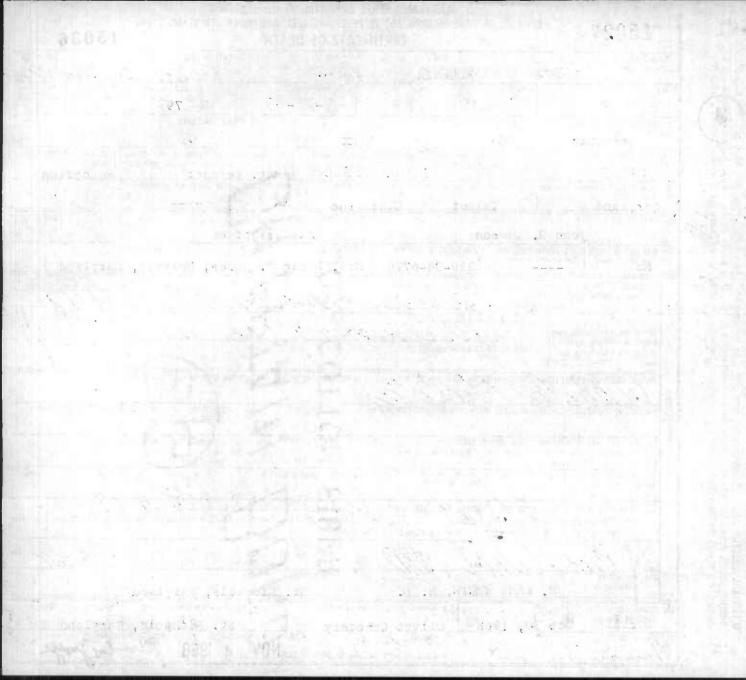
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TO FUNERAL DIRECTOR: After this certificote hos been signed by the ottending physicion ond completely filled ip-director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon popars, should be filed with the Stote Dept. of Heolth prior to buriol, cremation, or removal, and in ony event, within 7 th Poge 4 may be retoined by the hospitol or attending physician. VR A15 (4) 30M REV. 1X

funerol 1 and 2 er deoth.

ote be/executed within 24 hours after deoth.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	5	0	3	17

		DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) 2a. DATE OF DEATH Year St. Month Soy Year	2b. HOUR
	3. SE		F UNDER 24 HRS. HOURS MIN,
		b. BIRTHPACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 101VORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 17. A 465	Md
8	10. C	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 120. USUAL OCCUPATION (Kind of work done during most of working lite even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working lite even if retired.)	SINESS OR
7	13a. admi	IDENTIFY AND NUMBER 136 COUNTY AND NUMBER 137 COUNTY AND NUMBER 138 COU	1
2		1. FATHER'S NAME First Middle Rhodes IS. MOTHER'S MAIDEN NAME First Middle SKINDE	lost
á		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, por unknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT SOR Address Address Address Address Address Address Address APPROXIMAT	٧.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost. (c)	
4		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)	
1	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES 1 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT CAUSES OF DEATH?	TFYING
	MEDICAL CER	OR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Day Yeor P.M. 19	
	W	While Not while at work	Stote
		22a. I certify that (I) (this haspital) attended the deceased from	l) (we) last ad fram the
		22b. SIGNATURE DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. 22c. DATE SIGNED	68
1		22d. PHYSICIAN'S William E. LATIMER M.D. 22e. ADDRESS EASTON, Md.	
	1	BREMOVAL Specify) Oct. 22 1968 S. P. REFERS (EMETERY OF CREMATORY) OCE STOWN OF COUNTY)	(State)
n	24.	4. WHERAL DIRECTOR BLACK SIGNATURE 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REGISTRAR'S SIGNATUR	12.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detoched for use as the burial-tronsit permit. Their please remove carbon paper 2 orgs 1 and 2 should be filed with the State Dept. of Health priar to burial, cremotian, or removal, and in any event, within 2 have after death. be executed within 24 hours after deoth TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth Poge 4 moy be retained by the hospital or attending physician.

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	WIRL A CON	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15029 CERTIFICATE OF DEATH . DECEASED-NAME First Middle 2a. DATE OF DEATH funeral 1 and 2 er death. 24 hours after deoth (Type or print) Manth. 3. SFX S. DATE OF BIRTH 6. AGE (In years last birthday) 1-16-1875 FEMALE WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED E S. d country) WIDOWED F DIVORCED [TALBOT dod 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) during mast af warking life, even if retired.) etely FASTON 13c. CITY OR TOWN event. 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY YES NO [requires that the deoth certificate be execut remove attending physicion and consermit. Then please remove and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Middle OBER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANI Yes No, ar unknown) ENSIX SHERWOO or remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Armely cetases. os the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [far use Health this certificote 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) the hospital GR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. City or Town While Nat while at wark O FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceosed from May be retained by sow the deceosed alive on 1504 ___1968, and that in (my) (ever) opinion death occurred on the date and hour and from the should causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. director, poge 3 should be filed v DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS

RRISIN

23c. NAME OF CEMETERY OR CREMATORY

NAME (Type)

23b, DATE

23a. BURIAL, CREMATION

MOVAL (Specify)

FUNERAL DIRECTOR

HER WOOD HEIZ HOOD ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

LOCATION (City or Town)

15038

IF LINDER 1 YEAR

INDUSTRY

MONTHS

2b HOUR

IF LINDER 24 HRS

HOURS

Last

BETWEEN ONSET AND DEATH

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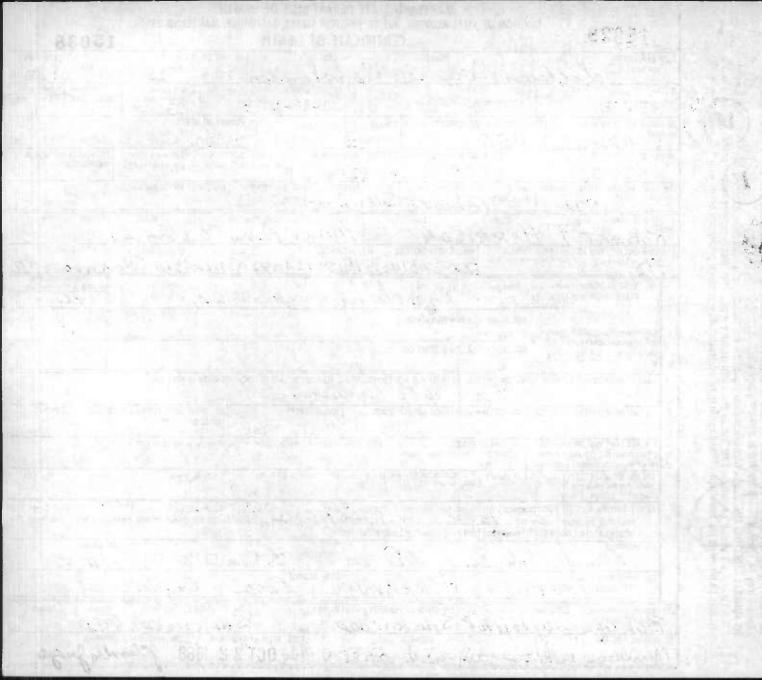
State

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12b. KIND OF BUSINESS OR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

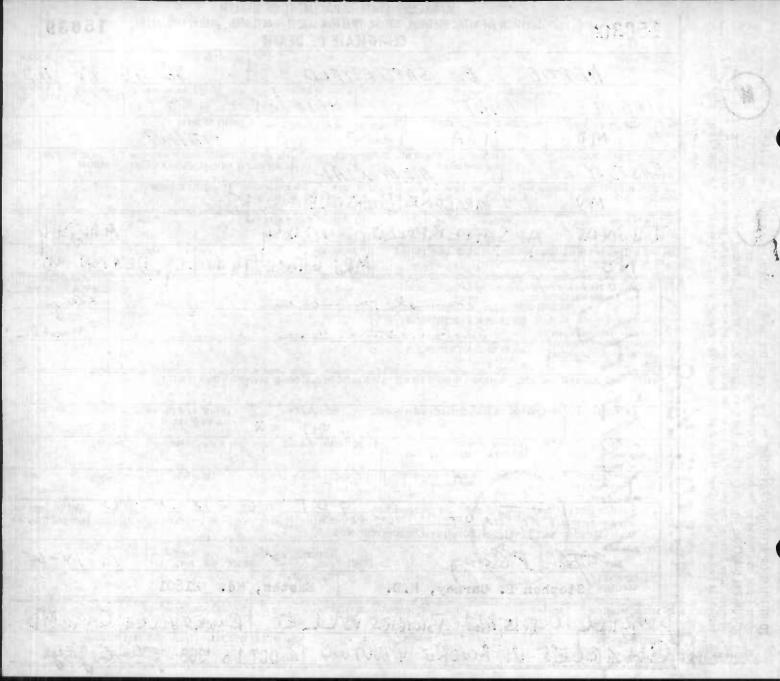
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			CERT	IFICALE OF DE	AIH			
	ECEASED-NAME (ype or print)	irst	Middle	Lost	20. DA	TE OF DEATH Month	Doy Yeor	2b. HOUR
	1151	IIE E	SHITE	RFIELD		10	13 68	PIP
3. SI	FEMALE	4. RACE WHIT	E	S. DATE OF BIRTH	185	6. AGE (In yeor lost birthdoy)	YRS. IF UNDER 1 YEA	AR IF UNDER 24 HRS AYS HOURS MIN
	BIRTHPLACE (Stote or foreign htry)	76. CITIZEN OF WHAT C	7	RIED NEVER MARRIED WED DIVORCED		THIBOT	7	N
4	EASTON	give street	MEMIC			ATION (Kind of work of rking life, even if retin		O OF BUSINESS OR Y
	USUAL RESIDENCE (Where de ission) STATE	I and an address.		TY OR TOWN 13d. III	- 4	3e. STREET AND NUMBE	ER	
14.	FATHER'S NAME First	A. SATT	ERFIELD	1s. MOTHER'S MAIDEN		Midd	dle MNK	SPH4
160	. WAS DECEASED EVER IN U.S. (es, no, grunknown) (If yes s	ARMED FORCES? jive war or dates of service)	SOCIAL SECURITY NO.	MRS GRA	CETH	WLEY Addr	"EXTON	, Mo,
	IB. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAUMM 1MM 4379 Conditions, if only, which go	USED BY: EDIATE CAUSE (o)	CONSCOURNER OF	greemarie	a .		3 d	PROXIMATE INTERVAL
	rise to immediate couse (stating the underlying cou lost.	DUE TO, OR AS A			4.5			mun
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE OR CONDITION	GIVEN IN PART 1(o)		
CERTIFICATION	190. DATE OF OPERATION	96. CONDITION FOR WHICH O	PERATION WAS PERFORME	D 20a. AUTOPSY?		Ob. IF YES, WERE FINDI AUSES OF DEATH?	INGS CONSIDERED II	N CERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex-	DEATH HOUR A.M. MO	JRY onth Doy Yeor 19	Tic. HOW INJURY OCCURRE	D (Enter noture o	finjury in Port 1 or Po	Port 2, Item 1B.)	
ME	While Not while of work		E BUILDING, ETC.		./	City or Town	County	Stote
	22o. I certify that (I) saw the deceased causes stoted ob	(th is hospital) attended alive an 130 ove, (I) (we) (did) (did	1968	, and that in (my) (a	_, 19 <u>62</u> , to our) opinion de	ath accurred on th	he dote ond ho	nat (I) (we) la our ond from th
	22b. SIGNATURE	n P Cans	a l	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED	14-60
	22d. PHYSICIAN'S NAME (Type) Ste	phen P. Car			ton, Md.			
12	TEMOVAL (Specify)	3h. DATE OCT. 15,1968	123c. NAME OF CEMETER SUR R.	SYTLLE	Bu	CATION (City or Town)	LE CAR	R. MD.
24	FUNERAL DIRECTOR	5 V. MO	ORB DE	1	REC'D BY REGISTR		trar's signature	udge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the redirector, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after

e executed within 24 hour

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.



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nd completely filled in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 shauld be detached far use as the burial-transit permit. Then please requave carban papers. Pershauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours

VR A15 (4) 30M REV. 1.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

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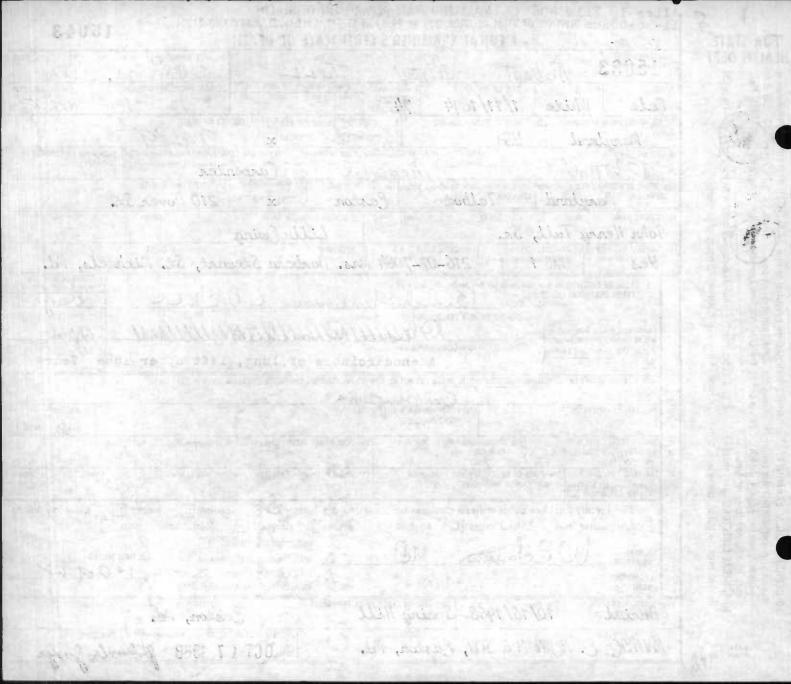
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TOUGH		C	ERTIFICAT	TE OF DE	ATH			1005	2 0	
(Type or print)	NNIE L.	Middle STEWART		Lost	2a. [OATE OF DEATH Mont	r 25.	1968	63	HOUR
3. SEX Female	4. RACE White			DATE OF BIRTH	1885	6. AGE (In years thday) YRS.	MONTHS DAYS	HOURS HOURS	24 HRS. MIN.
7o. BIRTHPLACE (Stote or foreign country) Maryland	7b. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED[DIVORCED [NTY OF DEATH Talbot	t Coun	ity		M
10. CITY OR TOWN OF DEATH St. Michaels	11. NAME C give street	of HOSPITAL OR INST oddress)	TITUTION (If not in			PATION (Kind of varking life, even USEW1FE		12b. KIND OF INDUSTRY	BUSINESS	OR
13a. USUAL RESIDENCE (Where de odmission) STATE Maryland	ceased lived, if institution: I 13b. COUNTY Talbo		13c. CITY OR TO	WN 13d. IN	NO NO	13e. STREET AND	NUMBER Talbo	t St.		
14. FATHER'S NAME First	Middle C Tohnson	Last	15. M	OTHER'S MAIDEN	NAME First Emma C	. Tohnso	Middle		Lost	
16a. WAS DECEASED EVER IN U.S.	ARMED FORCES? give war ar dates of service)	SOCIAL SECURITY N		RMANT mond St	ewart.	Royal (Address Dak, M	aryland	IMATE INTERV	
ment	DUE TO, OR AS A (c) CONDITIONS CONTRIBUTING	CONSEQUENCE OF TO DEATH BUT NO	nd	TE TERMINAL DISE 200. AUTOPSY?	ASE OR CONDITION	ON GIVEN IN PART		CONCIDEDED IN C	EDTIEVINA	
RTIFICA	19b/CONDITION FOR WHICH C			YES 🗌	NO 🗌	CAUSES OF DEAT	H?		LKIII / INC	
S ☐ OR CONTRIBUTING ☐ CAUSE OF	F DEATH HOUR A.M. M. caminer) P.M.	onth Day Year 19				of injury in Port	1 or Port 2,			
While Not while at work	21e. PLACE OF INJURY (AT H			0 0 1	R.F.D. Na.	City or Town		County	,	State
saw the decease	(this hospital) attended alive on ove, (1) (we) (did) (did	25 19	and t	hat in (my) (e ith.		deoth occurred		ote ond hour		om th
22d. PHYSICIAN'S NAME (Type)	GUY M. REH	SER, Fr.	DEGREE., M. D.	ATTENDING PHYS. 22e. ADDRESS St.	□ MED. DIRECTOR	STAFF PHYS.	/e	028	-60	5-
DEMOVAL (Specify)	23b. DATE Oct 28, 1968		EMETERY OR CR	emetery	E	LOCATION (City of	yaryla	(County)	(State)
24 FUNERAL DIRECTOR	6 James	ADDRESS	mich	100 San	REC'D BY REGIS	3 0 1968	REGISTRAR'	S SIGNATURE	Juda	K.

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MARYLAND STATE DEPARTMENT OF HEALTH

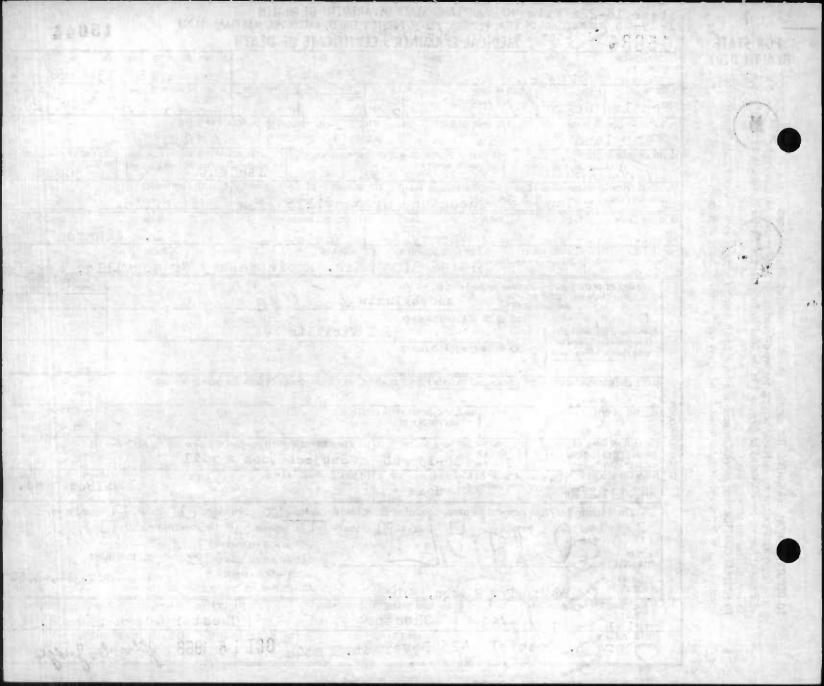
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	203%		MEDICA	L EXAMIN	EK.2 (ERTIFICAT	F OF DE				-		
	(CEASED-NAME type or Print)	First	1	Middle		1/en al	10.1	U	20. DATE KNOWN DE ESTI-	- 30	Day 1		2b. HOUR
2 00	·v	ONIA,	ley	-	AGE (In years	Veen		ON HIPS	2c. DATE PRONOUNCE		13	1968	2d HOUR
3. SE		4. RACE	5 DATE OF BIRTH	0. /	ast birthdoy)	MONTHS DAYS		MIN.	Month /	Doy / 2	Year	151	10
_	emale	Negro	5/7/53	COUNTRAL	S YR			0. (01)	/ 0	10	1	965	× F3M
	BIRTHPLACE (Stot try)Mary]		b. CITIZEN OF WHAT	COUNTRY?		ARRIED NEVER	WARRIED 3	9. COUN	TAL T	201			
			USA	OF HOSPITAL OR		OOWED DI		SUAL OCC	UPATION (Kind of w	ork dans	12b. KIND	OF DISCINI	Mc
10. 0	ITY OR TOWN O	TO A		et address)//	INSTITUTION C	: A			warking life, even i		INDUSTRY		
12 -	LICHAL DECIDEN	1 - 10	d lived, if institution	11101	non la	V OR TOWN	13d. INSIDE CITY E		13e. STREET AND NU			Non	е
130.	Imission) STATE	CE (where decease	13b. COUNTY Qu	n: Kesidence beto	C C	o a o mare a T							
_		First	Middle	los				First	Post O				
[4. F	ATHER'S NAME	FIRST				15. MOTHER'S M		FILZI		iddle	. 1.	Last	
	Mathar			Veeney		Rosi	e				ohns	on	
	es, no, or unknov	VER IN U.S. ARMED FI vn) (If yes give w	err or dates of service)	6. SOCIAL SECURITY	009	17. INFORMANT) a cris	77.00	ADDR		7 7	3.0	-
-	No		41			FILS. I	toste	vee	ney Gras	SOUAT		ROXIMATE IN	
		EATH (Enter only DEATH WAS CAUSED	y ane cause per line t			-						EN ONSET AN	
	O FEA		re cause (a)	Anoph;		18							
	300	1	DUE TO, OR AS	A CONSEQUENCE		1772 . 2 7 7							
		any, which gave)	(b)			l Vicill	Lln					70	
		nderlying couse	DUE TO, OR AS	A CONSEQUENCE	OF								
	last.	,	(c)								-		
	PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR C	ONDITION	GIVEN IN PART 1(a)				
ON	5/3	0	1101	L COMPLETON FOR	Maniell Of	DED ATION					Too	LIFORCVA	
CERTIFICATION	19o. DATE OF (PERATION	191	 CONDITION FOR WAS PERFORME 		PEKATIUN						AUTOPSY?	
=	OT PARENTAL	CAUGE WAS	Total Plans of July	100 M -1 D W		01 110111 11111111	066110050 45					ES	NO 🗌
	21a. EXTERNAL PRIMARY 🔀 O	R CONTRIBUTING		URY Month, Day, Y					e of injury in Part 1	or Part 2, It	em IB.)		
MEDICAL	CAUSE OF DEAT	TH	? P.M.	10-13		-	ect to						-
M	21d. INJURY OC		LACE OF INJURY (At h tary, affice building, e	name, tarm, street etc.) Home		21f. LOCATION Stre	eet or R.F.D. No.		City or Town	T	County	t	State Md.
		AT WORK	11.	Home							. 0. 2. 0 0		
	22a. I	certify that I to	ak charge af the					Inst		nquiry [l in my	apinion
I	death re	esulted from:	Natoral causes	, Accide	ent 🗷,	Suicide	, Hamicid	e 🔲,	Undetermined	manner			
		7/	Val	111			CHIEF MEDICAL						
	ACTUAL SIGNATURE	Jen	2/1	1-11		M.D. A	ASSISTANT MEDI	CAL EXAM	MINER XX	22b. DATE	SIGNED		
8	EXAMINER'S						DEPUTY MEDICA				Oct.	14,	1968
	NAME (Type)	Edwa	rd F . Wi	lson, M	D.	-	ADDRESS(Street,	, city, taw	vn, ar county)				
230.	BURIAL, CREMA REMOVAL (Spec	TION, 23b.		23c. NAME (F CEMETER	Y OR CREMATORY			LOCATION (City or To		(County)	(Sta	
	Burial	110	117/68		este:	r			hester G	-		Md	•
	FUNERAL DIRECT	OR T. De	shiell	426 DO	RESS	OT -	25o. REC'D		ISTRAR 25b. I	EGISTRAR'S	SIGNATURE		
	Dar Dar	a H. De	Maryland	3	ACT.	ot. East	C Q BATE) Y	8 1968	yula	May)	udg	٤
	C23_(TE)	3014		- W		STATE STATE					. 0	0	

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15035

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15045

-1		CERTIFICATE OF DEATH
	(1	ECEASED-NAME First Middle No. WEST 20. DATE OF DEATH Day Year 345 M
	3. SE	A. RACE 4. RACE 4. RACE 5. DATE OF BIRTH 6. AGE (In years lie under 1 year if under 24 Hrs. hours oays Hours Min.
	7o. E coun	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 11ry) 22 11 12 12 13 14 15 15 15 15 15 15 15
1	1-	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of working tite, even is retired.) 12. LIND OF BUSINESS OR during post of working tite, even is retired.) 12. LIND OF BUSINESS OR during post of working tite, even is retired.)
-	odmi	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATE MD, STATE NO. 136. CITY OR TOWN YES NO. 136. STREET AND NUMBER
		FATHER'S NAME First Middle WEST IS. MOTHER'S MAIDEN NAME First Middle Lost SEWLAH LOW G
		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Quadrew Was Deutlow, Curd
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b). Stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c).
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
1	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES 1 NO 1 VES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	MEDICAL CE	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part), Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19
	N	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County Stote
		22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) last saw the deceased alive an19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
		226. SIGNATURE DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
1	00	NAME (Type)
	10	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County) (Stote) FUNERAL DIRECTOR ADDRESS 25c. RECISERAR. 25b. REGISTRAR'S SIGNATURE
	24.	FUNERAL DIRECTOR ADDRESS 250. RECTORY REGISTRAR'S SIGNATURE DATE DAT

the funeral ages 1 and 2 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please readove carbon pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, withhat? Page 4 may be retained by the haspital or attending physician.

VR A15 30M REV. VDB in by the funeral ers. Pages 1 and 2 72 tons after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled indirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers, should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within [22]

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	5	0	1.	0
JL.	U	U	4	D

	19000		CERTIFICA	TE OF DEATH			010
	DECEASED-NAME First (Type or print) Rose	alee S. Wheatley		Lost	20. DATE OF DEATH 70 Mont		2b. HOUR
3. 9	Female	4. RACE White	S.	DATE OF BIRTH 4/4/1894	6. AGE (in years IF UNDER 1 Y thdoy) MONTHS (EAR IF UNDER 24 HRS DAYS HOURS MIN
COL	BIRTHPLACE (Stote or foreign untry) Md.	75. CITIZEN OF WHAT COUNTRY? USA	WIDOWED _	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH		,
	Trappe		eld Ave	during i	UAL OCCUPATION (Kind of most of working life, even to use with the course of the cours		ID OF BUSINESS OR RY
	o. USUAL RESIDENCE (Where decear mission) STATE Md.	sed lived, if institution: Residence before 13b. COUNTY Talbot	Trappe	WN 13d. INSIDE CITY YES X	1001 0111011	NUMBER rfield Ave	ij.
16	o. WAS DECEASED EVER IN U.S. ARI		NO. 17. INFO	KMANI	First a Bernidge eatley, Tna	Middle Address	Lost
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) NOTITIONS CONTRIBUTING TO DEATH BUT NO		SYPLC HE TERMINAL DISEASE OF	C C A	1(a)	vk
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO E	CAUSES OF DEATH	E FINDINGS CONSIDERED H?	IN CERTIFYING
MEDICAL CER		TH HOUR A.M. Manth Doy Year iner) P.M.	9		ter noture of injury in Port	1 or Part 2, Item 1B.)	
MF	While Not while at work	OFFICE BUILDING, ETC.		TION Street or R.F.D. N	la. City or Tawn	County	State
	saw the deceased of	nis haspital) attended the decease alive an e, (I) (we) (did (did nat) view the	9 and f	hat in (my) (aur) o	pinian death occurred	on the date and h	that (I) (we) I aur and from t
	22b-SIGNATURE	ech Trasel to	mortile	ATTENDING TOO	MED. STAFF	22c. DATE SIGNE	7/68
	22d. PÁÝSICIAN'S NAME (Type)	- CH	DONER S	SOS SABORESS		601	
			rg Hill	DORANDIAM	23d. LOCATION (City of Easton,	Md.	
24	MURICE E. NO	EUWAM & SON, Easte	on, Md.	DATE O		ACCHANGE SIGNATURE	

Bearing I advertige Parale - A linete Courses the following the state of the seguence of the seguenc All the state of t ackinal ministrate scalmane, indiana. The first state is a literature of the state The sale of the sa 50 Lb cl Maria Contra Maria a e production of the same which will be the first the same

STEVENSVILLE

ADDRESS

STEVENSVILL

25g. RECD BY REGISTRAR

DATE

30M REV. 1/68

24. FUNERAL DIRECTOR

150042 The Land Control of the Control of t te be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours at

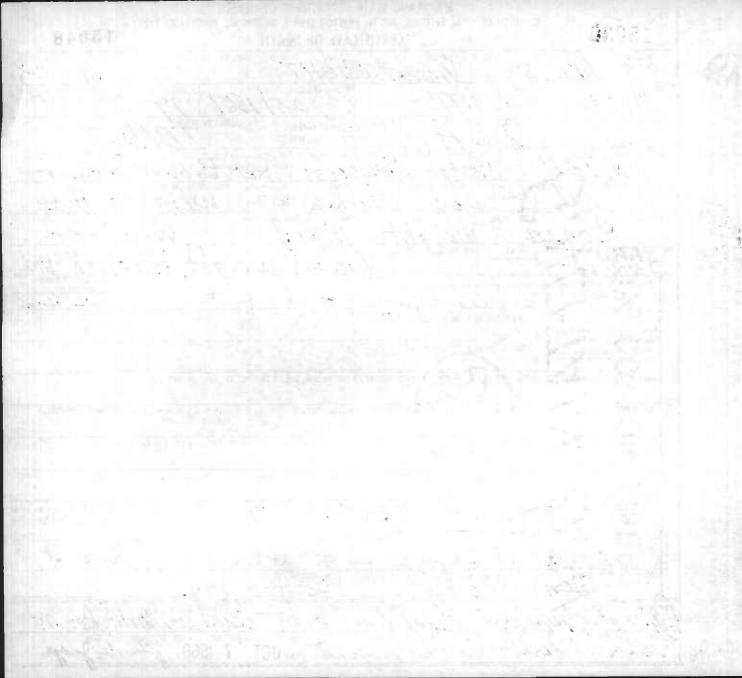
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		15038 CERTIFICATE OF DEATH	5048	3
		DECEASED-NAME (Type or print) LENOS Vincent WRIGHT 20. DATE OF DEATH Month Day	Year	26. HOUR 140 M
	3. SE	111ALE WHITE 2/28/1889 loss/pietybay) YRS. MON		IF UNDER 2 HRS. HOURS MIN.
	caun	BIRTHPLACE (State or foreign 76. CITIZED/OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. C	7	Md
1		EASION arte street address) Memorial during most of worklassite, even it get it ed.	12b. KIND OF B INDUSTRY	
7	odmi	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER TEST NO WING THE WING TH	AL	ie,
		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Wind	1501	Lost
	16a. Y	o. WAS DECEASED, EYER IN U.S. ARMED FORCES? Yes not of unit notwin) I yes give wor or dolles of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 17 INFORMANT 18 INFORMAN	ock,	Md.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a). (b)		
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)		
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
(CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If Yes, Were findings consil Causes of Death?	DERED IN CER	TIFYING
:	MEDICAL CER	S (If either, natify medical examiner) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19	18.)	
	ME	While at work at work	aunty	State
		22a. I certify that (I) (this hospital) attended the deceased from 27 puls, 1967, ta 2007, 1968 as we the deceased alive an 1969, and that in (my) (aur) applican death accurred an the date of causes stated abave, (I) (we) (did) (did not) view the bady after death.	, that (and haur a	(I) (we) last nd fram the
			SIGNED -2-	8
		22d PHYSICIAN'S Stephen Carney 22e ADDRESS LOS TON MY		
	6	Myarin 10/3/68 Cast New Market Ceast New Merchet	Wor,	(Stote)
(1	LEUNERAL DIRECTORY Cloudy Cast New Market DATE OCT 7 1968 GUARDE	NATURE Lace	ye



1 and 2 or death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled i director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papel shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72

VR A15 (4) 30M REV. 1/0

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce**l** tiferere be Page 4 may be retained by the haspital ar attending physician.

uneral

executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15049

15039

CERTIFICATE OF DEATH

_												
	ECEASED-NAME	First		Middle	~	Lost	21	20. DATE		D	V	2b. HOUR
1	Type or print)	OTA	ar)		21	egt	w		COCK Month	28	Yeor 196	820 M
3. 5	X		4. RACE		5.	DATE OF BIE	RTH		6. AGE (In ye		INDFR 1 YEAR	IF UNDER 44 HRS.
-	temple		wi	bite.		APRIL	26-19	22	lost birthdo	y) YRS. MON	THS OAYS	HOURS MIN.
70.	BIRTHPLACE (State of 1	oreign	7b. CITIZEN OF	F WHAT COUNTRY?	8. MARRIED			9. COUNTY		,		
COU	ntry) Alexa Var	DK	4.	SA	WIDOWED		CED	J	Alha	+.		Md
10. (CITY OR TOWN OF DEA	TH		1. NAME OF HOSPITAL OR INS	TITUTION (If not		-	L OCCUPATION	ON (Kind of worl		2b. KIND OF	BUSINESS OR
1	EASTOR	,	g	give street oddress)	200:01	then	during mo	st of working	ng life, even if re	tired.)	INDUSTRY	44-1-4
13o.			ed lived, if ins	titution: Residence before	13c. CITY OR TO	DWN I	13d. INSIDE CITY LIA	MITS? 13e.	STREET AND NUM	BER	UCA	000
	ission) STATE	NIANT	136. COUNT	LARCLINE	DENT		YES NO	_	2-SIEST		NE	
14.	FATHER'S NAME F	irst	Midd				IDEN NAME FI			iddle		Lost
				GLICA			AHW					
160	. WAS DECEASED EVER	RAHAM IN IIS ARN		16b. SOCIAL SECURITY N		ORMANT	AH IV	DM	N S.K A	dress	4	
100			ar or dates of service			PANK	77	BGLE	3	2	117 ×	11 M2
-	Lin CAUCE OF DEAY	1 (5-1			7	FANA	1, 11	BOLL	1.	1/2		MATE INTERVAL
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:										BETWEEN C	ONSET AND DEATH
	1530 IMMEDIATE CAUSE (a) LANDI DA BEBICINAS SEPSIS									0	18475	
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)									6	wks	
CERTIFICATION	rise to immediate		(b)_	INAN 17	10N						0 1	DK7
	stating the underlying course DUE TO, OR AS A CONSEQUENCE OF									3	wes	
	lost. 1539 (1) LOW STYBUL BOWEL OBSTRUCTION,										3	W/ 3
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
	SMALL BOWZL RESECTION FOR CANCER, 10-8-68											
	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS F						UTOPSY?		20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?		SIDERED IN CERTIFYING	
	1 255 BROOF LED NOW											
MEDICAL	□ OR CONTRIBUTING □ CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19											
ME	21d. INJURY OCCURR	ED 21e.	PLACE OF INJU	IRY (AT HOME, FARM, STREET, FAC	TORY,) 21f. LOCA	ATION Street	t or R.F.D. No.	C	ity or Town	C	ounty	Stote
	21d. INJURY OCCURRED While Not while of work of work of work of work of the state o											
	22a. I certify that (I) (this haspital) attended the deceased fram 16 - 6 , 1968, ta 10 - 28 , 1968, that (I) (we) las saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the											
	saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the											
	causes stated abave, (I) (we) (did) (did nat) view the bady after death.											
	ATTENDING MED. STAFF											-60
1	abel of the day of the phys. I pegret phys. I phys. I 10-31-68											
	PHYSICIAN'S NAME (Type) Doctor John Knud-Hansen 22e. ADDRESS Easton, Maryland 21601											
199.	DUDIA CDEMATION	23b. [ATC	192- NAME OF	CEMETERY OR CR				TION (City or Tov		County	(State)
230.	BURIAL CREMATION, REMOVAL (Specify)			· · · · · · · · · · · · · · · · · · ·	1					-	County)	(Stote)
	FUNERAL DIRECTOR		T 30	ADDRESS	HAVEN		2So. REC'D BY	Y PEGISTRAD	STONI	ISTRAR'S SIGI	NATURE	11/2
24.	TONERAL DIRECTOR	64	2.4	7	2 2	1	DATE NO			Charl		des

Contract Con 1.00 Committee of the state of the s